FEBRUARY 7-9 2019 MARRIOTT RIVE GAUCHE & CONFERENCE CENTER PARIS, FRANCE WWW.CACVS.ORG

Paget Schroetter Syndrome (PSS) must be treated very aggressively (rib resection and vein reconstruction)

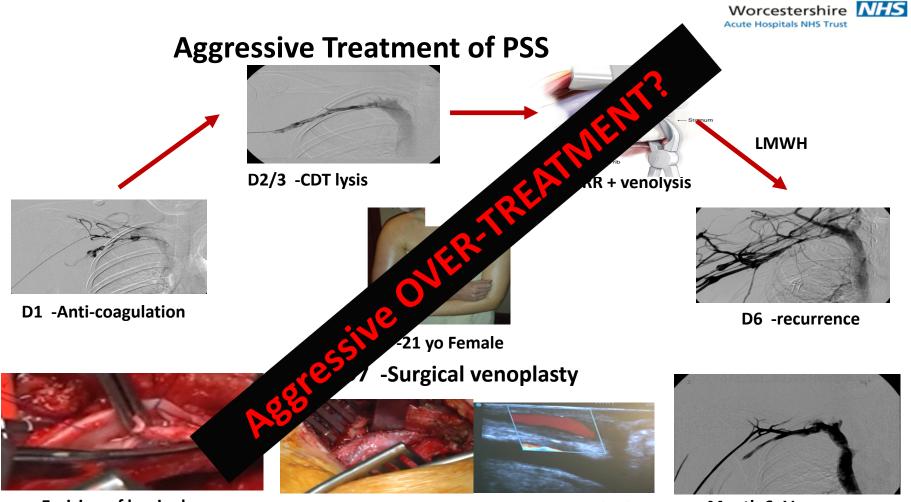
> Isaac Nyamekye Worcester, UK



Disclosure

Speaker name:

-Isaac Nyamekye.....
- □ I have the following potential conflicts of interest to report:
- Consulting
- Employment in industry
- Shareholder in a healthcare company
- Owner of a healthcare company
- □ Other(s)
- I do not have any potential conflict of interest



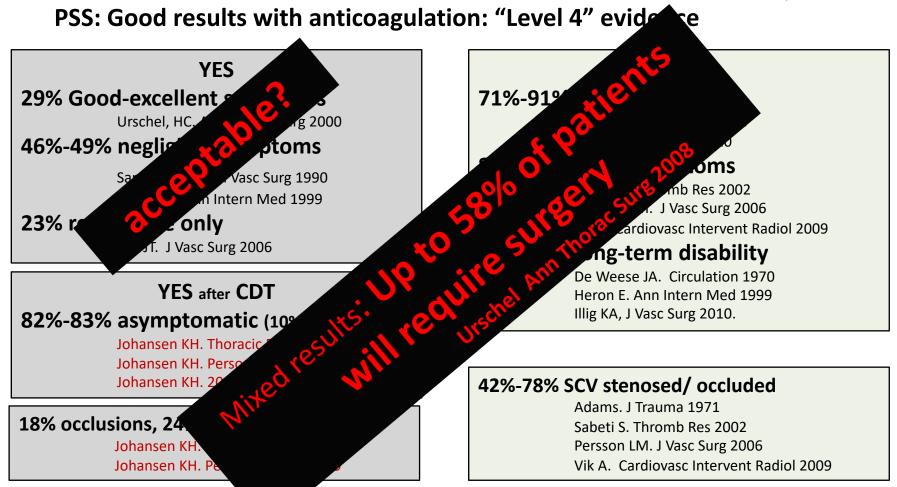
Excision of luminal scar

Vein patch

Intraoperative duplex

Month 6 - Venogram

Worcestershire NHS





Who gets symptomatic PSS





PSS: "entrapment syndrome"







Be aggressive with PSS: CDT + immediate or early FRR +/- venoplasty

85%-100% -excellent or good

Urschel HC. Ann Surg 1998 Urschel HC Jr. Ann Thorac Surg 2000 Molina JE. J Vasc Surg 2007 Chang DC. J Vasc Surg 2009

100% 5-year patency

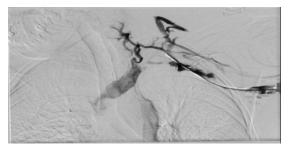
Molina JE. J Vasc Surg 2007

After thrombolysis	Ν	Symptom resolution (%)	Patency (%)	P (vs. rib not removed)
FRR alone	448	95	98	0.0001
PLASTY + FRR	68	93	88	0.0001
Rib not removed	168	63	55	

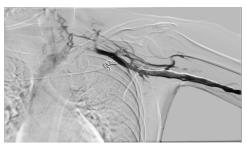
Lugo J. Ann Vasc Surg 2015



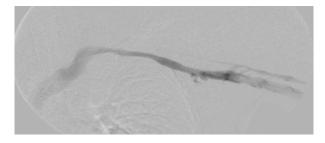
BW, 26 yo Female



D1 -Anti-coagulation



D2-3 CD-Thrombolysis



D6 FRR + balloon venoplasty



18/12: Fully active fairground worker

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Paget Schroetter Syndrome (PSS) must be treated aggregically properly (rib resection and vein reconstruction)

